

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

Fax: (515) 986-3846

www.grimesiowa.gov

CITY OF
GRIMES



NEW! Tiny Adventures Program

Program Description: Tiny Adventures is a new program that contains fun activities, age appropriate games, guest speakers, crafts, and explorations in the parks and sports complex. These one-week sessions are ONLY offered in the mornings from 9-Noon. Register early as this could fill up quickly!

Who: Ages 4 – 8 (Must be this age at time of program.)

Where: Drop off/Pick up at GCC Cafeteria Area.

When: Mondays – Fridays from 9:00am - Noon

Dates: Session 1: June 14 – June 18

Session 2: June 21 – June 25

Session 3: July 12 – July 16

Session 4: July 19 – July 23



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Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us.

To Register: Pre-registration required. Can Register ONLINE at www.grimesiowa.gov OR pay with cash/check to **City of Grimes** and bring in registration to the P & R Office located in the Grimes Community Complex on 410 SE Main Street or send through the mail to City Hall at 101 NE Harvey St. in Grimes.

Cost: \$45 per child per week

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2010 "Tiny Adventures Program" Registration Form

PARTICIPANT'S NAME: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____ GRADE (2009-2010): _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

I would like to be added to the Grimes Rec Email List: YES NO Already on the List

EMAIL: _____ PHONE: _____

Please Circle: June 14 – 18 June 21 – 25 July 12 – 16 July 19 - 23

Cost is \$45 per child per week.

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Community Complex ~ 410 SE Main St. in Grimes